www.jchr.org JCHR (2023) 13(4), 2293-2298 | ISSN:2251-6727



# Kap (Knowledge, Attitudes and Practices) Study on Medicine and Health Infrastructure use in Pregnant Women of Rural Areas of Ujjain Madhya Pradesh, India: A Cross-Sectional Survey

Sandeep Singh Bhadoriya<sup>1\*</sup>, PrashantWadagbalkar<sup>2</sup>, Praveen Sharma<sup>3</sup>, RekhaBisht<sup>3</sup>, Nayany Sharma Sakalle<sup>3</sup>, Amol R Chandekar<sup>4</sup>

Department of Pharmacology, Index Medical College, Malwanchal University, Indore, India.

Department of Pharmacology, Amaltas Hospital and Research Centre, Dewas, India

Department of Pharmacology, Indore Institute of Pharmacy, Indore, India.

ShriPanditBaburaoChaugule College of Pharmacy, Anjurphata, Bhiwandi

## \*Corresponding author:

Bhadoriya S.S, Department of Pharmacology, Index Medical College, Malwanchal University, Indore, India,

(Received: 02 September 2023 Revised: 14 October Accepted: 07 November)

## KEYWORDS

#### **ABSTRACT**

KAP study, Pregnant, Rural areas, Asha, India Use of medicines and also health infrastructures are important for actual benefit of the patients. So, the KAP (Knowledge, Attitudes and Practices) study need to be done to formulate the policies which will ensure rational and scientific use of national resources. It is a cross-sectional survey, observational in nature, where six hundred and fifty six pregnant women (656) participated. KAP was evaluated by using pre-designed, pre-coded and pre-tested questionnaire. 40.70 % pregnant women of the study were over the counter (OTC) medicine user and at the same time 37.5 % had knowledge about expiry date, though 66.76 % pregnant women knew about the residence of the trained females (Asha ordai) of their village, on the contrary only 17.68 % pregnant women actually used services of local qualified doctors. Present study KAP should be evaluated in beneficiaries before implementation of any intervention to improve the health.

#### INTRODUCTION

The process of diagnosis and treatment is a complex one. After diagnosis, treatment through prescription by advising medicines is the next step. During prescription writing, age, sex, disease condition and also other factors like pregnancy, liver and kidney functions etc. should be considered. Prescribing medicines during pregnancy is of special medical importance. Use of unsafe medicine like, chloramphenicol, salvarsan, sulfanilamide (which itself not fatal) containing solvent diethyl glycol, thalidomide etc. 2,3 can be disastrous anytime. For rational use of medicine knowledge, attitude and practice on use of medicine is important. This is more relevant in India, especially in rural areas where illiteracy and ignorance is widely prevailed. Majority of the Indian population lived in rural areas

but most of the health care budget is spent in the urban areas. As a result the rural populations lack access to the most basic services, even to qualified medical practitioners. The doctor-patient ratio in rural areas is extremely low.4 Only aware and compliant patients, using medicines and health infrastructures can ensure the rationality of treatment.<sup>5</sup> Though indicators proposed by WHO<sup>6,7</sup> can explain the medicine use status in any community, but other factors like patient's knowledge, attitude and practice about medicine use is also important and could not be evaluated by these indicators. Drug consumption in pregnancy were analyzed by different researchers in western world8,9 and also in India<sup>10,11</sup> but there are very few studies in rural areas of Madhya Pradesh India on KAP, on use of medicine and use of health services available nearby.

www.jchr.org JCHR (2023) 13(4), 2293-2298 | ISSN:2251-6727



We selected rural areas of Ujjain district for analysis. Therefore, it was rational to conduct a study on this topic in rural area of Ujjain, Madhya Pradesh.

#### MATERIALS AND METHODS

This was an observational study. Six hundred and fifty six (656) pregnant women gave consent in writing and participated in the study. Pregnant women attending the rural clinics of Ujjain and AmaltasInstitute of Medical Science, Dewas, Madhya Pradesh, India from 1st may 2023 to 31st October 2023 were interviewed with a questionnaire and prescriptions available with the mother were also copied. The questionnaire was standardized and pretested. The study was started only after clearance from Institutional Ethics Committee.

## **EXCLUSION CRITERIA**

Pregnant women with established high risk pregnancy or with history of medication for more than three months due to medical or pregnancy related problems were excluded from this study.

#### RESULTS

In the present study, out of the 656 pregnant women interviewed, 81.1 % pregnant women informed that they preserved old prescription regularly. 37.5 % had knowledge about expiry date (Figure 1), but after explanation by the investingator about the importance of expiry date, 633, i.e., 96.5 % pregnant women expressed their opinion that expiry date should be checked before consumption of any medicine. 88 % pregnant women were of the opinion that the instruction

on label of commonly used medicines like iron, folic acid, paracetamol, ibuprofen etc. should be in the local languages. This would help them for better use of these medicines. They also expressed that information about the harmful effect of the medicines should also be in local language and in different colour also. 40.7 % women expressed that they use over the counter (OTC) medicines. 4.3 % also informed that they had previous signs and symptoms related to adverse drug reaction (ADR) after using medicine, but never informed this to the doctor (Table 1). Knowledge of pregnant women about health facilities available nearby was evaluated. The result showed that 50.6 % pregnant women knew about the nearest local hospital, 60.5 % had knowledge about the clinic of local doctor, 25 % knew about the availability of ambulance in the locality, 66.76 % (Figure 2) pregnant women had knowledge about the residence of trained dai of their village and 66 % had knowledge about the nearest chemist shop in the locality. Present study showed that 44.05 % pregnant women utilized the services of the local hospital at least for once, when enquired about the utilization of services of local qualified doctors, only 17.68 % used it at least for once and only 02.28 % actually used the services of ambulance available locally. 59.45 % pregnant women of this study informed that they used the service of trainedAsha/dai of that village. Regarding utilization of services of local chemist shop, 19.51 % women of the study informed that they used it at least for once (Table 2), not only for purchasing medicines but also for taking tetanus toxoid injection, dressings and for getting information on use of medicines.

Table 1: Study of knowledge of medicine and its use in pregnant women.

in program would be an income and in program would			
Knowledge and attitude of pregnant women	No. of pregnant women	Percentage (%)	
Pregnant women expressed that regular checking of	633	96.5	
expiry date should be done before consumption of any			
medicine			
Pregnant women expressed that use of local languages	577	88	
on the labelling of drugs should be done for their better			
understanding			
Pregnant women expressed that they were OTC drug	267	40.70	
user			
Pregnant women informed that they had previous	28	4.3	
experience (symptoms and signs) related to adverse			
drug reaction (ADR) after using medicine, but never			
informed this to the doctor			

www.jchr.org JCHR (2023) 13(4), 2293-2298 | ISSN:2251-6727



The data in the above table represents the knowledge and attitude in pregnant women regarding medicine use related parameters, where total no. of pregnant women in study population (n) = 656

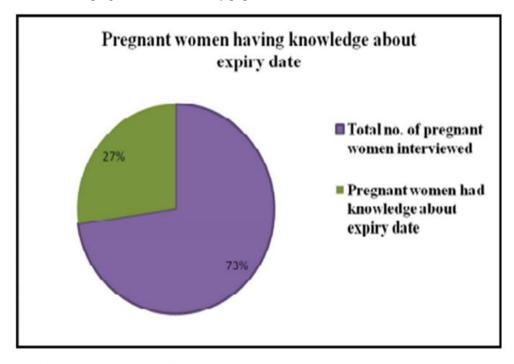


Figure 1: Knowledge of expiry date of medicine in pregnant women (n = 656)

Table 2: Study of the use of available health facilities by the pregnant women

Actual use of health facilities available near by	No. of pregnant women	Percentage (%)
Pregnant women actually used services from the local hospital at least once	289	44.05
Pregnant women actually used services from the local trained Asha/ dai at least once	390	59.45
Pregnant women actually used services from the Ambulance available in the locality at least once	15	02.28
Pregnant women actually used services from the local qualified doctors at least once	116	17.68
Pregnant women actually used services from the chemist shop at least once	128	19.50

The data of the above table represent the study result of actual use of the health facilities available in locality by the pregnant women (n=656).

www.jchr.org JCHR (2023) 13(4), 2293-2298 | ISSN:2251-6727



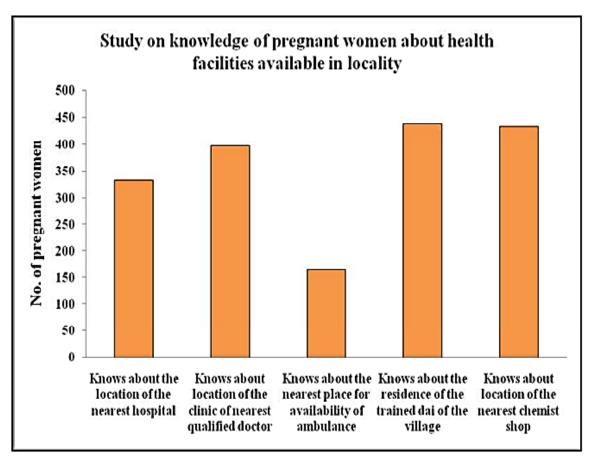


Figure 2: Knowledge of pregnant women (n = 656) about available local health facilities

#### DISCUSSION

As far as evaluation of the attitude, behaviour and knowledge of drug use is concerned in pregnant women, it was found that 37.5 % of pregnant women had knowledge about expiry date of drugs Though majority of study population were of opinion that expiry date should be checked before consumption of any drugs. 88 % pregnant mothers were of opinion that local languages should be used on the labels of the drugs and on the information booklet at least for the commonly used drugs like iron and folic acid, vitamins, paracetamol, ibuprofen etc. This awareness of pregnant mothers might be helpful in enhancing rational drug use ultimately. Very few studies were conducted in India on OTC drug use in pregnant women. Studies of Henry et al., 2000 from South Australia<sup>12</sup> and Gharro et al., 2000 from Nigeria<sup>13</sup> were in contradiction with the results of present study. Study of Dineshkumar et al., 1995 from National Institute of Nutrition, Hyderabad, India<sup>14</sup> was in agreement with this study, but the cross sectional study conducted at Jammu city Sharma et al., 200515 differed in results because of their urban study area. Study results showed that 4.3 % mothers suffered from some type of unwanted reactions due to drug use during pregnancy. Even after intensive interview, the exact cause of drugs or drug-drug interaction was not identified. This was due to the ignorance of pregnant women about ADR and poor reporting system. Present study was in agreement with observation of Dhasmana et al., 200216 where they observed that voluntary reporting of ADR was very low even among the physicians of a teaching hospital. The knowledge of pregnant women about emergency health service facilities available in the locality was evaluated and it was observed that they were not only in the lack of knowledge and awareness on health

www.jchr.org JCHR (2023) 13(4), 2293-2298 | ISSN:2251-6727



infrastructures available nearby, but also were very poor in utilization of these resources. No relevant data was available to compare present observations on these parameters.

#### **CONCLUSION**

There were few lacunae in this study, which include the number and selection of study population, selection of villages, etc. This cross-sectional study methodology was based on interview and analysis of prescription. Knowledge, awareness and practices of rational use of medicines and health facility utilization by pregnant women or even by the general population are a neglected topic till today, though it is of immense importance. Any drug or medicine or any health infrastructure, whatever it may be, sophisticated or modern, is of no value, if not actually used by the beneficiaries. Present study showed that pregnant women were not aware about the health resources available nearby to their residence. Not only that, only a few percentages aware women among them actually used these infrastructures. From overall results of the study it may be concluded that though there was lack of knowledge about proper, rational and judicious medicine and health infrastructure use amongst pregnant women, it can be improved if they are informed properly. Efforts should be taken to disseminate the knowledge on medicine use and the use of health infrastructure available nearby, so that all health-related initiatives become successful in terms of utilization.

# CONFLICT OF INTEREST: Nil SOURCE OF FUNDING: Nil

#### REFERENCES

- 1. Tripathi KD. Essentials of Medical Pharmacology. 5thed: Jaypee Brothers New Delhi; 2003.
- Wade OL. Prescribing of chloramphenicol and aplastic anaemia. Journal of the College of General Practioners and Research Newsletter 1996; 12: 277.
- Billmont PS. Oxford Text Book of Clinical Pharmacology. 3rded: Oxford University Press; 1995.

- 4. Bhutta TI. Drug utilization data constraints in developing countries. WHO Drug Information 2002; 16(3): 237.
- 5. Medicines, Medical care and Drug Policy. The Independent Commission on Health in India (Report), V.H.A.I.; 2002.
- How to investigate drug use in health facilities, selected drug use indicators. World Health Organisation, Geneva; 1999. p. 12.
- 7. How to investigate drug use in health facilities. Selected drug use indicators. World Health Organisation, Geneva; 1999. p. 82.
- 8. Durisova A, Magulova L. Drug use problem in pregnancy. BratislLekListy 2004; 105(3): 123-4.
- 9. Irl C, Hasford J. The PEGASUS project-a prospective cohort study for the investigation of drug use in pregnancy. Int J ClinPharmacolTher 1997; 35(12): 572-6. PMid:9455716.
- Sharma R, Kapoor B, Verma U. Drug utilization pattern during pregnancy in North India. Indian J Med Sci 2006; 60: 277-287. http://dx.doi.org/10.4103/0019-5359.26602 PMid:16864912.
- Srishyala MV, Krishnamurty M, Nagarani MA, Clare Sr Mary. Prescription Audit in an Indian Hospital setting using the DDD (Daily Defined Dose) Concept. Indian J Pharmacol 1994; 26: 23-28.
- Biswas NK, Biswas RS, Pal PS, Jain SK. Pattern of Prescriptions and Drug Use in two Tertiary Hospitals in Delhi. Indian J PhysiolPharmacol 2000; 44(1): 109-112. PMid:10919106.
- Henry A, Crowther C. Pattern of medication use during and prior to pregnancy: the MAP study. Aust N Z J ObstetGynaecol 2000; 40(2): 165-72. http://dx.doi.org/10.1111/j.1479-828X.2000 .tb01140.x.
- Dineshkumar B, Raghuram TC, Radhaiah G, Krishnaswamy K. Profile of drug use in urban and rural India. Pharmacoeconomics 1995; 7: 332-46. http://dx.doi.org/10.2165/00019053-199507040-00007 PMid:10155322.
- Sharma R, Verma U, Sharma CL, Kapoor B. Self-medication among urban population of Jammu city. Indian J Pharmacol 2005; 37(1): 40-42. http://dx.doi.org/10.4103/0253-7613.13856.

www.jchr.org JCHR (2023) 13(4), 2293-2298 | ISSN:2251-6727



16. Dhasmana DC, Seth V, Mishra KC. Voluntary Adverse Drug Reaction Reporting in a Teaching Hospital. Indian J Pharmacol 2002; 34: 204-205.